



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)** Declaration Submitted With Initial Filing

OR

 Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	16202.960
First Named Inventor	BLOCH
COMPLETE IF KNOWN	
Application Number	
Filing Date	11/06/2003
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR FITTING A TRANSPONDER TO A METAL BODY, AND A TRANSPONDER MODULE FOR CARRYING OUT THE METHOD***(Title of the Invention)*

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

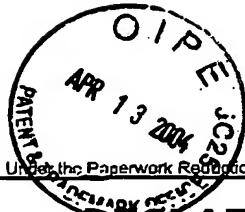
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/01 (06-03)

Approved for use through 07/31/2003, OMB 0551-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: _____ OR <input checked="" type="checkbox"/> Correspondence address below			
Name Joseph W. Berenato, III			
Address Liniak, Berenato & White, LLC 6550 Rock Spring Drive, Suite 240			
City Bethesda	State Maryland	ZIP 20817	
Country US	Telephone 301-896-0600	Fax 301-896-0607	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) WERNER		Family Name or Surname BLOCK	
Inventor's Signature <i>Werner Block</i>			Date 09.02.2004
Residence: City Eislingen	State	Country Germany	Citizenship Germany
Mailing Address Kommerstr. 14			
City Eislingen	State	ZIP D-73054	Country Germany
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]



Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. GMB 0851-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid GMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	11/06/2003
First Named Inventor	BLOCH
Title	METHOD FOR FITTING...
Group Art Unit	
Examiner Name	
Attorney Docket Number	16202.960

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

Thomas P. Liniak	33,415	Jeffrey I. Auerbach	32,680
Joseph W. Berenato, III	30,546	Karen Orzechowski	31,621
John M. White	32,634	William C. Schrot	48,447
Matthew W. Stavish	36,286	J. Andrew McKinney	34,672
Matthew F. Johnston	41,096	Robert D. Jones	53,841
George Ayvazov	37,483	David S. Taylor	39,045

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

Firm or  
Individual Name

Joseph W. Berenato, III

Address

Liniak, Berenato & White, LLC

Address

6550 Rock Spring Drive, Suite 240

City

Bethesda

State

Maryland

Zia

20817

Country

US

Telephone

301-896-0600

Fax

301-896-0607

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 1.71.  
Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

WERNER BLOCH

Signature

Werner Bloch

Date

30.01.04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.